

Rose Ann Janis
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FILED
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RICHMOND DIVISION

Claimant

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**

IN RE:)	Chapter 11
CIRCUIT CITY STORES, INC.,)	Case No. 08-35653 (KRH)
<u>et al.</u> ,)	
Debtors.)	Jointly Administered

RESPONSE AND INFORMATION REGARDING THE HEARING ON THE FORTY-SEVENTH OMNIBUS OBJECTION TO CLAIMS

COMES NOW the Claimant, Rose Ann Janis, and respectfully requests that this honorable Court order the Debtors and Debtors in Possession in the above-styled matter to pay her claim (Claim Number 882, hereinafter "the Claim") for reimbursement immediately, and offers the following information in support of said claim for reimbursement of twelve hundred dollars (\$1,200.00) for services performed as a consultant and contract employee for Circuit City Stores, Inc., in November 2008:

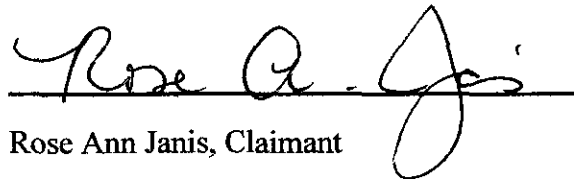
- 1) Rose Ann Janis served as an Accounting Consultant who worked on an hourly basis in the Accounting Department from approximately February 2007 until January 2009. Her contracted reimbursement rate throughout this period was \$60.00/HR, and she is due \$1,200 reimbursement for twenty hours of work performed during the November 2008 pay period. She had been paid for work performed both prior to, and subsequent to, this pay period at her previously agreed upon rate.
- 2) Michelle Mosier, Controller of Circuit City Stores, Inc.,
Michelle_Mosier@ccswinddown.com, has personal knowledge of the relevant facts that

support this Claim, and can provide further support for the reasons why the Court should overrule the Objection, and pay the above referenced Claim.

- 3) Attached is documentation that a claim was filed on December 7, 2008.
- 4) My contact information is Rose Ann Janis, 804-301-7488, fax number 804-747-0746, email address, janisfamily4@verizon.net. I also authorize my attorney, W.R. Bill Janis Esquire, to serve as my representative with the authority to reconcile, settle or otherwise resolve the Objection on my behalf.

WHEREFORE, for the above-stated reasons, I hereby request that this honorable Court order the Debtors and Debtors in Possession in the above-styled matter to render immediate payment in full of my lawful claim of \$1,200.00.

Respectfully submitted,


Rose Ann Janis, Claimant

CERTIFICATE OF SERVICE

I do hereby certify that a true and accurate copy of the foregoing RESPONSE was transmitted by facsimile and mailed, postage pre-paid, to SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP, Attn: Gregg M. Galardi and Ian S. Fredericks, One Rodney Square, Post Office Box 636, Wilmington, Delaware 19899-0636 and SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP, Attn: Chris L. Dickerson, 155 North Wacker Drive, Chicago, Illinois 60606, and MCGUIREWOODS LLP, Attn: Dion W. Hayes and Douglas M. Foley, One James Center, 901 East Cary Street, Richmond, Virginia 23219, Counsel to the Debtors and Debtors in Possession this 26th day for October 2009.

Circuit City Stores, Inc., et al., Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245		Circuit City Stores, Inc., et al. Case Nos. 08-35653 through 08-35670 Chapter 11 Jointly Administered
NOTE: Pursuant to an Order of the Bankruptcy Court in the above-referenced chapter 11 cases (see Docket No. 107), to have claims allowed as administrative expense under 11 U.S.C. § 503(b)(9), this form must be served upon Circuit City Stores, Inc., et al., Claims Processing, c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245 by December 19, 2008, the Bar Date for Section 503(b)(9) claims in the above-referenced cases. The form may be submitted in person or by regular mail, overnight mail, or hand delivery. Facsimile, email or electronic submissions will not be accepted. Requests shall be deemed filed when actually received by Kurtzman Carson Consultants LLC.		
Name and Address of Creditor: (The person or other entity to whom the debtor owes money or property) NameID: 4527717 (FI) PackID: 21752 JANIS, ROSE ANN 5005 AMBERWOOD DR GLEN ALLEN, VA 23059 Telephone: <u>804-301-7488</u> Fax: <u>804-300-4536</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have made any demand(s) to reclaim goods sold to the debtor under 11 U.S.C. § 546(c). (attach copies of any such demand(s)) <input type="checkbox"/> Check box if you have transferred the rights of your claim to any third party. If so please list name of transferee: _____ <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	Debtor against which claim is asserted: (Check one box below): <input checked="" type="checkbox"/> Circuit City Stores, Inc. (Tax I.D. No. 54-0493875) <input type="checkbox"/> Abbott Advertising, Inc. (Tax I.D. No. 54-1624659) <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Tax I.D. No. 95-4460785) <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Tax I.D. No. 54-1712821) <input type="checkbox"/> Circuit City Properties, LLC (Tax I.D. No. 54-0793353) <input type="checkbox"/> Patapasco Designs, Inc. (Tax I.D. No. 52-1086796) <input type="checkbox"/> Ventoux International, Inc. (Tax I.D. No. 20-1071838) <input type="checkbox"/> Sky Venture Corporation (Tax I.D. No. 54-1760311) <input type="checkbox"/> Prahs, Inc. (n/a) <input type="checkbox"/> XS Stuff, LLC (Tax I.D. No. 54-2029263) <input type="checkbox"/> Kinzer Technology, LLC (Tax I.D. No. 54-2022157) <input type="checkbox"/> Circuit City Purchasing Company, LLC (Tax I.D. No. 20-0995170) <input type="checkbox"/> Orbyx Electronics, LLC (Tax I.D. No. 20-1203360) <input type="checkbox"/> InterTAN, Inc. (Tax I.D. No. 75-2130875) <input type="checkbox"/> CC Aviation, LLC (Tax I.D. No. 20-5290841) <input type="checkbox"/> Courchevel, LLC (n/a) <input type="checkbox"/> Circuit City Stores PR, LLC (Tax I.D. No. 66-0695512) <input type="checkbox"/> Mayland MN, LLC (Tax I.D. No. 20-0896116)
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
1. BASIS FOR CLAIM: Goods received by the Debtor within 20 days before the date of commencement of the case. Value of Goods: \$ _____		
2. DATE OF SHIPMENT: _____ METHOD OF SHIPMENT: _____ DATE OF RECEIPT: _____ NAME OF CARRIER: _____ PLACE OF DELIVERY: _____		
3. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ <u>1,200</u> <input type="checkbox"/> Check the box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
4. BRIEF DESCRIPTION OF CLAIM: <u>Consulting (Accounting Dept)</u> Describe goods sold: _____ Attach support for your claim.		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, or contracts. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Attachments must be printed on 8-1/2" by 11" paper. 7. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim request form. 8. ORDINARY COURSE CERTIFICATION: By signing this claim request form, you are certifying that the goods for which payment is sought hereby, were sold to the debtor in the ordinary course of the debtor's business as required by 11 U.S.C. § 503(b)(9). Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		FOR COURT USE ONLY
Date <u>12/7/08</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Rose Ann Janis, Consultant</u> <u>Rose Ann Janis</u>	